Board of Addiction and Prevention Professionals (BAPP) 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105

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Email: bapp@midconetwork.com

Web: www.dss.sd.gov/behavioralhealthservices/licensingboards

Transition Application to LAC or CAC

For practitioners who meet the grandfathering requirements prior to April 1, 2014, there is a one-time grandfathering clause to transition from the CCDC II or III designation to Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC). Attached please find the Transition Application. Applications can be submitted at any time prior to July 1, 2014, and will be processed in the order they are received.

CCDC III practitioners are exempt from the LAC requirements. However, the purpose for completing this application is to update mailing information and to indicate how you want your name to appear on your license.

CCDC II practitioners will be grandfathered to CAC, unless they meet the grandfathering requirements for LAC. CAC applicants must complete the application to update mailing information and to indicate how you want your name to appear on your certificate.

CCDC II practitioners who meet the grandfathering requirements for LAC must complete the application to document the number of years of clinical addiction counseling experience and provide OFFICIAL transcripts showing proof of degree. One of the following options must be met before April 1, 2014:

Option 1

CCDC II with a minimum of a Master's Degree in a behavioral science field.

Option 2

CCDC II with a minimum of a Bachelor's Degree in a behavioral science field and five (5) years of clinical addiction counseling experience.

Option 3

CCDC II with a minimum of an Associate's Degree in a behavioral science field and ten (10) years of clinical addiction counseling experience.

Option 4

CCDC II with a minimum of a high school diploma or GED and fifteen (15) years of clinical addiction counseling experience.

The years of experience must be years accrued after initial certification.

Transition Application to LAC or CAC

This application may be submitted at any time prior to July 1, 2014.

Check One	Transition
	From CCDC III to LAC (complete this page only)
	From CCDC II to CAC (complete this page only)
	From CCDC II to LAC – Option 1 (complete this page only and submit official
	transcripts showing proof of Master's degree)
	From CCDC II to LAC – Option 2 or 3 (complete both pages of this application
	and submit official transcripts showing proof of degree)
	From CCDC II to LAC – Option 4 (complete both pages of this application)

PERSONAL DATA:

Name:				
First	Middle	Last	Maide	en
Home Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		
Home Email:		Work Email: _		
Work Phone:		Work Fax:		
Diploma/Degree: Hig	gh School GED A	ssociate's Degree	Bachelor's Degree	_ Master's or above
Certification level (che	ck one): CCDC II	CCDC III		
Date of initial certifica	tion:	Certificate Nu	ımber:	
CURRENT EMPLO	YMENT:			
Agency Name:				
Agency Mailing Addr	ress:			
City:		State:	Zip:	
Job Title:				
Name of Supervisor:				
Please print your na	me below as you would	like it to appear on yo	our certificate / lice	nse.
Printed name:				
Signature		·	Date	

Work Experience Verification

Transition Application to LAC or CAC

<u>Applicant</u>: All work experience following initial certification must be verified. Make a copy of this form for each agency where you completed work experience. Complete the top section and send the form to all agencies for verification of your work experience.

Applicant's Name:		
Address:		
City:	State: Zip:	
Job Title:		
Certification level (check one): CCDC II _	CCDC III	
Date of initial certification:	Certificate Number:	
Dates of Employment since initial certification	on (do not include trainee recognition time	e):
From:	To:	
Was the experience Full Time:	Part Time:	Volunteer:
	APPLICANT STOP HERE	
THE FOL	LOWING MUST BE COMPLETED B	Y THE AGENCY
Please verify the work experience for thi	s individual and return this form direc	on and Prevention Professionals (BAPP). ctly to the BAPP, 3101 West 41 st Street, Suite ake changes and place your initials beside the
· · · · · · · · · · · · · · · · · · ·	s with the majority of their time spent	involved in the supervised counseling of in individual, group and/or family counseling tions.
Name:	Title:	
Name of Agency:		
Agency Address:		
City:	State: Zip:	
Work Phone:		
Applicant's number of years of qualifying	work experience (following initial certi	fication):(See initial certification date above)
Signature		Date
31511atu1C	1	Date